

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

CHILD PLACEMENT AGENCY REPORT

CHILD I LACEMENT AGENCI NEI ONT					
Provider Organization: Psychiatric	: Centered Charter	ed-Stride			
Licensing Agency: DHS	Contracting Agency(s): DYRS				
Name of Chief Administrator: Anay	Emai	Email: anayoorezabo@pccstride.org			
License Type: Treatment Foster Care Type of Inspection: Quarterly					
Name and Address of CPA Office Li	icense Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
PCC-STRIDE-Incorporated Un 7329 Hanover Parkway Greenbelt, MD 20770	llimited	DHS 0 DYRS 21	9	#00331 10/5/19	1/31/18
	Inspectio	n Summary			
Number of Records Reviewed: Youth <u>4</u> Staff <u>0</u> Foster Parent <u>4</u> Adoptive Parent <u>NA</u>					
Number of Interviews: Youth 0 Staff 0 Foster Parent 0					
CPA Office Inspection: Approved					
Number of ILP Apartments Inspected: N/A Number of Foster Homes Inspected: N/A					
Current COMAR Violation: Yes x No					
If Veg list Cited Violeties (s) below					
If Yes, list Cited Violation(s) below:			T1 11		
Violation(s)	Findings				
07.02.21.08 A2 & 07.02.21.11	1/4 youth records did not contain a continued treatment plan required every 3 months.				
07.05.02.18 D	1/4 youth records did not contain educational documentation 4/4 youth records did not reflect 2xmonth monitoring visits				
07.02.21.08 A (3) (5)	4/4	youth records a	id not reflect 2xmonth n	nonitoring visits	
Corrective Action Plan: Yes x No 1 If yes, date of CAP: 1-31-18					
Any Violations During Mid or Re-Lice If Yes See Report (s) Date(s):	ensure Periods:	Yes N	No		
Complaint Outcome: N/A					
Current Status of License: Continued	i				
Licensing Coordinator: Michelle Goines	Date: 2/22/1	8 Email	: michelle.goines	@marvland ooy	7
Program Manager: Richard Berger	Date 2/22/1				<u>-</u>
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